TRICARE Europe COMPASS

TRICARE Europe
Unit 10310
Sembach AB, Germany
APO AE 09136-0005

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INSIDE THIS ISSUE

From the Director….

by Col Debra Cerha, USAF
Executive Director, TRICARE Europe

Those of us who have been around the military health care system during the past few years have had many opportunities to experience the wrath, confusion, and/or anger of leaders and beneficiaries since the inception of TRICARE. These experiences usually included listening to what some refer to as "TRICARE horror stories."

Recently I had the opportunity to attend the 2000 Congress on Healthcare Management sponsored by the American College of Healthcare Executives. During that week, I heard a presentation by Mark Jordan, the Senior Counsel for Kaiser Permanente. He commented that:

> *Most of health care is built around different perceptions versus science. It is easy to find anecdotes and relate them to managed care. But these partial truths and distorted facts have not undergone any scrutiny.*

He went on to say that misdiagnoses and experimental care are not managed care phenomenon—they have existed for a long time. He also talked about the need for arrangers of care and providers to be partners; that they must have common goals, a sense of community, to make the system work.

I'd like to try to put these comments in perspective with another "opportunity" I had immediately following that conference: briefing the European CINC Commander's Council*. Given the history of TRICARE implementation and the number of "horror stories" I have heard in the past, you might guess that I was a bit nervous about addressing this audience. To my great relief, while there were questions/concerns, they were not the predominantly negative kind I have frequently experienced in the past. They were interested in facts and how we are performing and monitoring performance, vice projecting "horror stories" or anecdotes. In this brief encounter, I sensed for myself what I have heard from others—that line leadership is "on board" with the TRICARE Program. Reflecting back on the experience, it is almost exhilarating to realize how far we have progressed!

In Mr. Jordan's terms, there seem to be "common goals" that are (generally) accepted by the line, the medical community, and our beneficiaries. Those common goals are for a health plan that provides timely access, quality medical services, and value (a combination of service and cost) to the customer.

If you are not experiencing this within your community, please call! Maybe together we can come up with some strategies for helping to bring your community together. Those of us working in TRICARE operations have the opportunity, as well as the responsibility, to influence the success of our health plan in many ways. Serving as an articulate spokesperson for the program, with line counterparts and beneficiaries, is one very special way! ■

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* A meeting run by the Supreme Allied Commander Europe (Gen. Clark) with all of his component commanders (includes the CINCUSAFE, CINCUSNAVEUR and USAEUR/CC; this meeting also included their spouses and Senior Enlisted advisors).
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NED will Standardize Processes throughout MHS

by LCDR Geralyn Haradon
Director, Customer Support Services

The Defense Manpower Data Center (DMDC) is in the process of redesigning the military health system database in order to provide an overall central system for health care information. This process, The National Enrollment Database (NED), was initiated to implement full portability across CONUS/OCONUS regions, utilizing standardized enrollment processes and system improvements. NED is being evolved in a three-pronged approach: implementation of Primary Care Manager by Name, redesign of the Defense Enrollment Eligibility Reporting System (DEERS), and development of a Universal Enrollment Card and Universal Enrollment Form.

Primary Care Manager By Name (PCMBN)

In order to implement a central system architecture for health care information to manage the TRICARE requirements of managed care, Health Affairs has mandated that PCMBN be completed by 1 July 2000. Each of the Services is well into completing this piece of the program. TRICARE Europe is about 66% complete with this task.

DEERS

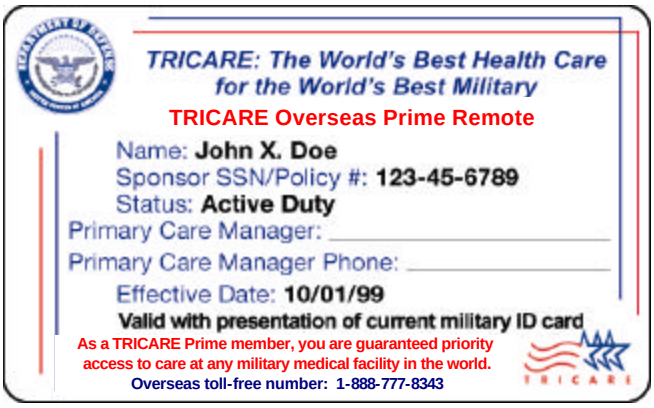
The Defense Enrollment Eligibility Reporting System (DEERS) system is intended to be the portability operational management solution, which will be used to enter all TRICARE PCM enrollment data information. CHCS will no longer be the technical/operational management system used. DEERS will centralize TRICARE enrollment information into the NED, which will include enrollment programs and enrollment dates and a centrally developed client platform that will standardize enrollment information.

Universal Enrollment Card and Form

The Universal Enrollment Card is the final portion of the NED project. TMA will begin issuing standard TRICARE Prime Enrollment Cards to beneficiaries in all regions later this year. TMA has approved two cards for all overseas regions: one for Prime enrollees and one for Prime Remote enrollees. The front of the card will have erasable fields for the Primary Care Manager (PCM) and telephone number. The back of the card will have information for traveling and emergency situations along with the assigned TRICARE Service center phone number.

TMA is also in the process of designing a Universal Enrollment Form to be used by all MCSCs and all regional personnel involved in enrolling Prime beneficiaries. The form is in its initial review stages but is planned for implementation before the end of this year. ■

SAMPLE TRICARE OVERSEAS PRIME REMOTE ENROLLMENT CARD



Above is a draft of the new Universal Enrollment Card beneficiaries will soon be receiving from TMA.

clip and save!

TRICARE Europe Office Phone Numbers

Division	DSN
Admin Office	46-6312/6314
Public Affairs/Marketing	496-6315
Operational Management Support	496-6316
Health Plan Evaluation	496-6362
Customer Support Services	496-6320
Information Systems & Analysis	496-6322
Prevention & Health Promotions	496-6325
UM/QM	496-6324
Breast Cancer Program	496-6336
Dental Program Manager	496-6358
TEO Office Fax	496-6372
Fax for Customer Services	496-6374
Fax for Breast Cancer Coordinator	496-6377

The TEO-sponsored Breast Cancer Education Course for DoD Primary Care Managers took place at Ramstein AB 27-28 April 2000. Look for an article on the course in the next COMPASS.

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Pictured from left to right, LT Khanh Nguyen, Keflavik; Maj Jay Allen, Würzburg; Maureen Sherman, BCI Coordinator, TEO; LTC Ana Padderatz, Prevention and Health Promotions, TEO; and Maj Mark Ervin, LRMC.

Private Sector Care Reports at TMA

by Jenny Huntsman
Information Systems & Analysis

The TRICARE Management Activity (TMA) has recently developed reports containing inpatient and outpatient claims cost at the Advance Technology Integration Center (ATIC). To view the Private Sector Care Reports, go to http://www.atic.tma.osd.mil/ and select Private Sector Care to the left. Three Service points of contact are listed.

Reports are created based on the claims data that is processed daily at TMA Aurora. This same TMA Aurora data is used to populate the Care Detail Information System (CDIS) in Mechanicsburg, PA. The Private Sector Care Reports detail **all** care captured outside the Military Treatment Facilities. For TRICARE Europe beneficiaries that means all care received in CONUS and OCONUS.

The Private Sector Care Reports, available by service and unique DMIS ID, total the costs listed by enrollment types, DRG, CPT or ICD-9 codes and can be viewed as an aggregate or detailed report. Information currently provided is for fiscal year 1999 claims processed through November 1999. FY99 data will become more complete as claims are received and the data is refreshed.

The three Aggregate Reports are:

- Inpatient Institutional Workload And Expense Report, By Enrollment Type
- Inpatient Professional Expense Report, By Enrollment Type
- Outpatient Professional Workload And Expense Report, By Enrollment Type

The four Detailed Reports are:

- Inpatient Institutional Workload And Expense Report, By DRG
- Inpatient Professional Expense Report, By CPT-4
- Outpatient Professional Workload Expense Report, By CPT-4
- Outpatient Professional Workload And Expense Report, By ICD-9

Due to the complexity of the claims data for Europe, several factors should be considered while viewing or using the Private Sector Care Reports.

For TRICARE Europe, the enrollment codes are corresponding with this general TRICARE Europe population:

- MTF – Usually active duty or family members that have seen a partnership provider at a military MTF.
- MCS – TRICARE Europe dependant population using a provider outside of the regional military community.
- NON – TRICARE Europe retiree population.

Our active duty population and some TRICARE Europe claims that were coded much differently from CONUS are not included on the most recent reports. The percentage missing from the current data is unavailable. Active duty and additional claims from Europe will be included on the Private Sector Reports updated in May.

In addition, placing of costs to each MTF (how they are determining the DMIS ID) is based entirely on the patient zip code information from the claims database. Cost information in Europe is lost due to inaccurate zip code information.

Recognizing the need for accurate TRICARE Europe claims data, TEO is currently developing new processes to provide additional claims data for our TRICARE Europe MTFs. The Private Sector Care Reports can be used to view a percentage of the costs for care outside the MTF until further data is available.■
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Healthy People 2010

by LTC Analiza Padderatz, USA
Chief, Prevention and Health Promotion

I recently attended the nation's Healthy People 2010 Conference, "Partnership for Health in the New Millennium." Healthy People is a national health promotion and disease prevention initiative that brings together national, state and local government and civilian agencies and individuals to improve the health of all Americans, eliminate disparities in health, and improve years and quality of healthy life.

During the conference, the US Department of Health and Human Services Secretary Donna E. Shalala and US Surgeon General, Dr. David Satcher, launched the new Healthy People 2010 goals and objectives which focus on two major themes—increasing the quality and years of healthy life, and the elimination of racial and ethnic disparities in health status. The conference also unveiled a new national health assessment tool called the nation's "Leading Health Indicators" which lists the major public health concerns in the United States. These new measures, comprising 10 areas of health status, will allow Americans to easily assess the overall health of the nation, as well as that of their own communities, and make comparisons and improvements over time. The 10 leading health indicators cover: physical activity, overweight and obesity, tobacco use, substance abuse, mental health, injury and violence, environmental quality, immunization, responsible sexual behavior, and access to health care.

> *"The Healthy People initiative has defined the nation's health agenda for the last two decades. It identifies the most significant opportunities to improve health and focuses public and private sector efforts on those areas."*
>
> *Donna E. Shalala, Secretary of the Department of Health and Human Services*

"Our greatest opportunities for reducing health disparities are in empowering individuals to make informed health care decisions and in providing the skills, education, and care necessary to improve health," said Dr. Satcher.

The nation's progress in achieving these two goals over the course of the decade will be monitored through 467 objectives grouped into 28 "focus areas," devoted to a comprehensive array of diseases, conditions, and public health challenges.

Leading Health Indicators (19 of 28 Focus Areas)

- Physical Activity and Fitness
- Overweight and obesity
- Cancer
- Tobacco use
- Substance abuse
- Responsible sexual behavior
- Mental health
- Injury and violence
- Environmental quality
- Immunizations and infectious diseases
- Access to health care
- Oral Health
- Family Planning
- Maternal, Infant and Child Health
- Heart Disease and Stroke
- Educational and Community based programs
- Medical Product Safety
- Occupational Safety
- Food Safety

More information on the Healthy People initiative and the 2010 goals and objectives may be found at the Healthy People website, http://www.health.gov/healthypeople, along with the 10 leading health care indicators, latest issues in health technology, **and** on-demand playback of broadcast sessions.

MHS Responds to Healthy People Goals

Many of the health indicators put forth by the Healthy People initiative are in various phases of address by the MHS through numerous efforts: Putting Prevention into Practice programs and activities, beneficiary self-care programs, self-assessment tools, primary care manager designation, case management and the advent of Population Health. The intent of the leading health indicators is to help everyone (MHS beneficiaries included) more easily understand the importance of health promotion and disease prevention and to encourage participation in improving the health of the nation in the next decade.

The MHS is mirroring the nation in working to heighten focus, improve availability and better disseminate health care information and services to its beneficiaries. Look for more activities and greater efforts to bolster the focus on population health within TRICARE Europe MHS communities.

Extolling the Healthy People/MHS partnership

What better place to extol the MHS/Healthy People partnership that the MHS beneficiary self-reporting health assessment survey. Guidelines for the automated **HEAR** (2.0) include an objective (4.3) to

continued on page 6

TRICARE Europe Systems

by Maj David Arose
Director, Information Systems

Access Measurement Tool

The TRICARE Europe Systems division has completed the second version of the Access Measurement Tool (AMT). The new version is available on the TRICARE Europe web site at http://webserver.europe.tricare.osd.mil/main/InformationSystems/Accessmeasures/.

This new version was designed to help clinics measure and manage the new Primary Care Management by Name (PCMBN) DoD/HA policy released in December 1999. Also, there are quite a few enhancements behind the scenes to speed up the production time from raw data to usable information. One change of note is the inclusion of all 9 CHCS hosts in our reports enabling all MTFs to now use the system. There has been a style change that includes much more information as well: PCM assignments can be viewed within seconds (showing PCM, Primary Care Group and number of patients assigned to the PCM) to assist with monitoring and maintaining PCMBN organization. We have included a report allowing MTFs to view their individual appointment types and how we convert them into the TRICARE standards of Acute, Routine, and Preventative. We added a data bar that now includes no-shows in the patient appointment graphs. There are more enhancements planned, but we need your help. Please provide any feedback on the Access Measurement Tool; this is your chance to have input into the design process and get the functionality you want and need out of a clinical management tool. Please visit the AMT site and submit any comments or suggestions to our website e-mail address at http://webserver.europe.tricare.osd.mil.

Teledermatology site starts off slow but is gaining momentum

The teledermatology site located at https://telederm.sembach.af.mil has been in operation since February of 2000. In March we saw a total of 9 new consults, 17 new users registered, and 12 recommendations to those consults. This is up from the 1 consult, 20 new users registered and 1 recommendation sent in February. Currently we have 3 dermatologists and 21 referring physicians registered in the system from Europe. With the lessons learned from the telederm project, we are exploring the possibilities of expanding our telemedicine capabilities into the areas of teleradiology, telecardiology, telepsychology and teleENT. We like seeing 900% increases in consults in a month, so we are looking at increasing another 900% next month!

We have purchased 22 new Nikon Coolpic 950 digital cameras and are working through the Services to get these cameras out to further expand the program.

Web Redesign on the drawing board

The TRICARE Europe Office has kicked off the long planned redesign of the TRICARE Europe Website. Some of the design considerations include: moving the machine off our current hardware platform to a new, faster server, improving and fixing certain known problems on the site (most notably the search engine), a more intuitive and easier-to-use interface, improved site design, and lots of automation to help us deliver our products to you faster. ■

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Upcoming Events

(some dates are tentative)

DATE	EVENT
15 May 00	American Women Activities Group, Chiemsee, Germany (TEO Briefing)
9-12 May 00	EDIS/DoDDS Forum, Garmisch, Germany
13 Jun 00	Brig Gen Kussman Change of Command
1 Jun 00	Brig Gen Taylor departs
Jul 00	Col Kilpatrick departs
10 Jul 00	Visit of Maj Gen Randolph, Deputy AFSG
31 Jul 00	CAPT Sizemore departs
17 Sep 00	ESC Meeting, Algau Stern Hotel, Sonthofen, Germany
18-20 Sep 00	PCM Conference, Sonthofen, Germany
19 Sep 00	TRICARE Europe Council Meeting, Sonthofen, Germany

TRICARE Europe Health Plan Metrics Now Available on the Web

by Jenny Huntsman
Information Systems & Analysis

The FY 1999 TRICARE Europe Regional Health Plan Metrics, as well as individual MTF reports, are now available for viewing and downloading on the TRICARE Europe web site at http://131.54.120.40/main/UMQM/HealthPlanMetrics.htm.

What are the TRICARE Europe Regional Health Plan Metrics?

The TRICARE Europe Metrics Report has been developed to provide a tool for evaluating possible patterns in the practices of the current health plan. Many of the screening measures are based on the National Committee for Quality Assurance health plan measures. Health Plan Employer Data and Information Set (HEDIS) standardized performance measures are designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. These measures are used by more than 330 managed care organizations to date. The Healthy People goal is also included on many of the screening charts. Although the military health community is unique and often different from the civilian community, a report that measures some standard "snapshots" may be a useful tool for expanding, changing or improving current practices.

What is on the report?

Data measuring cervical, breast, cholesterol, and prostate screenings; C-section rates at inpatient facilities, smoking cessation data from the Health Enrollment Assessment Review (HEAR), Customer Satisfaction Data, claims costs, and enrollments are just a few. Much of the data is graphically displayed by region, service and MTF with raw numbers provided and can be easily downloaded as an Excel worksheet.

How do you view the report?

An information sheet is available for viewing and downloading, describing how to view the metric report, providing data sources and measures, data discrepancies, and points of contact for questions and comments.

What is going to be available for the FY 2000 Health Plan Metric Report?

Additions will include information on percentage enrolled to PCM by name, C-Section rate outside the MTF and TRICARE Europe Dental Metrics. Prostate Screening metrics and Top 10 DRG will no longer be available.

How can the reports be used?

The TRICARE Management Activity recognizes the need for measuring health care in the military and has future plans to provide additional tools for facilities. The TRICARE Europe report provides us with the ability to become familiar with the data uniqueness for TRICARE Europe, as well as proactively measuring our current practices.

In addition to providing a regional view, individual MTF reports may be a useful means for many facilities lacking the resources and time to retrieve and analyze the data from many sources. In recent weeks, a list of enrollees who have been in theater for at least 1 to 2 years and did not have screenings were sent to the Utilization Management staff POCs. The TRICARE Europe office is providing this as an additional tool to help the MTFs, targeting some of the screening needs of their enrolled population. ■

Healthy People *(continued from page 4)*

provide information in support of Healthy People 2010 and other population health programs. The TMA HEAR IPT is in the process of drafting clinical triage protocols for recommended use by the PCM/Teams for action upon HEAR (2.0) results; these categories are taken from the Healthy People 2010 health indicators (Col Theresa Baker, Dir. Health Care Reengineering, TMA).

Categories Addressed (HEAR 2.0)

- Physical Activity/Fitness
- Nutrition
- Tobacco
- Substance Abuse
- Family Planning
- Mental Health
- Violent and Abusive Behavior
- Unintentional Injuries
- Occupational Safety and Health Environmental Health
- Food and Drug Safety
- Oral Health
- Maternal and Infant Health
- Heart Disease and Stroke
- Cancer
- Diabetes and Chronic Disabling Conditions
- Sexually Transmitted Diseases (STD)
- Immunizations and Infectious Disease

This information will assist TMA to identify (and implement) appropriate intervention strategies to address the attributable and relative health risks within the MHS population.

Look for more MHS Population Health activities and programs to unfold moving parallel to the nation. ■

GAO Team Outbriefs Lead Agent

by CDR Cindy DiLorenzo
Director, Health Plan Evaluations

The General Accounting Office (GAO) visited a number of TRICARE Europe Military Treatment Facilities (MTFs) from 14 February through 3 March 2000. The GAO Team was comprised of:

Mr. Dan Brier, Assistant Director
Mr. Jon Chasson, Senior Analyst
Ms. Linda Lootens, Senior Analyst

This 3-member team visited MTFs in Turkey, Italy, the United Kingdom, and Germany. During their site visit, they met with MTF Commanders, staff members, the line community, and beneficiary groups. They also visited with some of our host-nation preferred providers.

Prior to their departure from the European theater, the GAO Team visited with the Lead Agent and members of the Executive Steering Committee at the TRICARE Europe Office at Sembach. They used this opportunity to provide their initial impressions with the continued implementation of TRICARE in Europe. The GAO Team was impressed with the warm, welcoming reception they received at all the MTFs visited and contacted by telephone. They found the MTF staff to be knowledgeable and interested in improving the TRICARE Program in Europe as it continues to mature in this overseas environment.

Their review consisted of:

1. Determining compliance with the TRICARE access standards
2. Assignment of PCM by name policy
3. A consistent referral policy
4. Satisfaction of beneficiaries and host-nation providers

Overall, they found no significant issues with any of the above. They discovered some confusion over referral inside and outside the direct care system; however this seemed to be isolated to just a few locations and was not found to be of concern at most of the MTFs visited. The GAO Team was complimentary of the efforts the MTFs have made and continue to make to assign each enrollee to a PCM by name. Their evaluation of this process was positive and their comments included "the MTFs are right on track" with this process.

During their visit with host-nation providers at each site, they found the providers to be pleased to be participating in the TRICARE Program, though some providers expressed concern over the additional paperwork required being a preferred provider. In all instances, the host-nation providers expressed a desire for more interaction with the MTF medical staff. Most felt they received little feedback from the MTF regarding the care they provide, and the majority stated they would welcome feedback from the MTF staff.

Overall, the GAO Team had a worthwhile fact-finding trip to TRICARE Europe. They departed the theater with a positive impression of the MTF staffs, the efforts to build a quality preferred provider network, and an understanding of the concerns and issues we all face in continuing to implement TRICARE overseas. We have not yet received their official written report. When we do, we will forward a copy to all the MTFs in TRICARE Europe.

Thanks to all those who helped to make the GAO Team's visit a positive, meaningful experience. Bravo Zulu to all of you! ■

Monthly Customer Satisfaction Survey Report Changes

Beginning in June 2000, the monthly Customer Satisfaction Survey report format will change. The Excellent - to - Poor rating scales will be reported using a 100 point score rather than using the traditional "E5," 1 to 5 mean score. This means that instead of seeing a score for a particular question of 4.83 for example, the score will be reported as 87.2.

Please remember that it will still represent the mean score even though it appears in a similar form to percentages. A score of 87.2 is easier to understand its relative strength as compared to a score of 4.83. A change from 4.83 to 4.87 does not mean much to the average person, whereas a change from 87.2 to 93.5 tends to be easier to put into perspective.

The other, more significant reason for changing the scoring method is the response options are more concentrated in the part of the scale where more responses are expected - thus providing greater discrimination. As such, those using the reports with the new scale are better positioned to identify meaningful changes, both positive and negative, in services provided and care received.

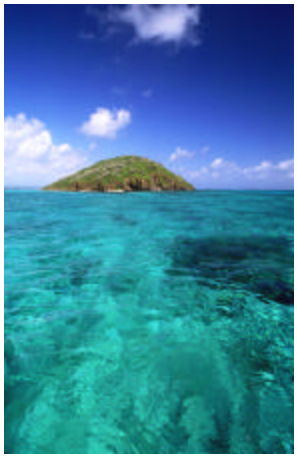
The E5 scale most closely reflects scale values of:

Poor = 0
Fair = 35
Good = 60
Very Good = 85
Excellent = 100

The previous period data reports will be converted to the new scale so that you will be able to track any changes over time. Your raw data collected since the beginning of the customer satisfaction survey initiative is also being converted to the new scale. This data will be made available in the near future. ■

Distant Site Dental Program Begins

Dr. George Schad
Dental Program Coordi



When the TFMDP-Overseas Extension began in the European region last year, there were two categories for overseas countries:

- remote countries, where no fixed military dental treatment facility (DTF) exists and referrals are not required for dental care
- non-remote countries, which have fixed military DTFs, in which individuals are required to have a referral to seek host-nation dental care.

Early on in the program, we recognized the need to make an accommodation for individuals in non-remote countries whose assignment areas are not located near a DTF. These individuals require a Nonavailability and Referral form to see a host-nation provider and have the care covered by the TFMDP, but they are not located near a DTF in order to receive an initial appointment and referral for follow-on care. For that reason a new category was created which covers individuals in any duty location that is more than 50 miles from a DTF in a non-remote country. These locations are considered "**distant sites**."

Although enrollees in distant sites must still have a referral to seek host-nation dental care under the TFMDP, special provisions have been put in place to make the process simpler and more convenient for these individuals.

The distant site program is another example of TRICARE Europe working to help military family members receive dental care in the local community. The distant site program was implemented on 1 May 2000.

How does the distant site program work?

TFMDP enrollees located in distant sites may take the following steps to receive host-nation dental care:

- Call or fax the nearest DTF to inform the DTF point of contact (DPOC) of their location and of their desire to utilize the distant site program.
- The DPOC will record the needed information from the beneficiary and verify the patient's enrollment in the TFMDP with United Concordia Companies, Incorporated (UCCI).
- Within two duty days, the DTF will mail or fax a UCCI Claim Form and a Nonavailability and Referral Form for an examination, cleaning, radiographs, and treatment plan to the patient.
- The patient can then go to a dentist who is listed with UCCI and the TRICARE Europe Office (TEO) for their initial dental treatment. The provider listing is located on the TRICARE Europe web site at: http://webserver.europe.tricare.osd.mil/main/triprog/Dental/ProvList/HostNationDentalProvidersLetter.html.
- After this treatment is completed, the patient sends the Nonavailability Form, UCCI Claim Form, and the dentist's bill to UCCI for payment (or reimbursement) for dental services.

Follow-on Care

Sometimes, after the initial dental checkup, follow-on care is necessary. If the dentist finds other things that need to be done, they must develop a treatment plan specifying which teeth need to be treated, the specific treatment needed, and cost for the treatment. The patient must take the following steps:

- Treatment plan and any radiographs needed for documentation should be forwarded to the DTF that issued the initial Nonavailability Form.
- After a review by the DTF professional staff and within 14 days, the proposed treatment plan will either be approved or disapproved.
- If disapproved, the patient will be advised of the reason for disapproval, and options for appropriate treatment will be discussed.
- If the treatment plan is approved, another Nonavailability Form for the approved treatment, a Claim Form, and the materials that were sent will be returned to the patient.
- At this point, the patient should seek a predetermination from UCCI in order to determine how much of the bill the patient will be responsible for paying. Although it is not required, predetermination is strongly recommended.
- The patient should then return to the host-nation dentist and seek to have the proposed dental treatment completed.
- After completion of treatment, the patient should submit the Nonavailability Form, the Claim Form, and the dentist's bill to UCCI for payment.

Questions or problems that are encountered may be addressed to the local DTF or to TEO at DSN 496-6358, civilian 06302-67-6358 in Germany or 49-6302-67-6358 outside of Germany. E-mail inquiries to TFMDP@sembach.af.mil. ■

Primary Care Optimization

by COL (Dr) Robert Larsen
Medical Director, TRICARE Europe

Population Health and the Primary Care Manager are both important components of the military health system optimization plan. As the focus of care moves toward improving the health of the total population through an aggressive program of health promotion and evidence based management of medical conditions, the PCM will be key component in the success of these efforts. This in turn requires an ongoing re-engineering effort at the level of the PCM to incorporate all the concepts and tools of population health into daily practice.

All Services are taking steps to improve the PCM program through implementation of the PCM by name policy. For example, the Air Force Primary Care Optimization initiative involves increasing the enrollment for each PCM, realignment of personnel to support the PCM, re-apportioning of space to increase availability of exam rooms, and an in-depth training program to teach each member of the team how to carry out their roles in optimizing the PCM mission.

Lt Col Elizabeth Robison and I attended one of the Air Force's "Quickstart" PCM training sessions in February 2000. This training was for PCM teams consisting of providers, nurses, technicians, and health service managers. Each MTF sent teams who were instructed on the important elements of the re-engineered approach to the PCM and how to handle their empanelled patients from the point of view of population health. They then broke into individual teams in order to work on a specific plan of implementation for their own facility. These plans were detailed and included many elements such as enrollment to the PCM by name, use of clinical practice guidelines, performance measures, expanding the roles of non-provider staff, patient triage, space utilization, preventive health assessment process, demand management, etc. The completed plans were submitted at the end of the conference and were to serve as the springboard for all the PCM teams to move forward with implementation upon return to their facilities.

Assisting the PCM in taking on its central role in the re-engineered MHS of the future will also be the focus of the fall conference sponsored by TRICARE Europe 18-20 Sept 2000. Clinical leaders of Primary Care involved in instituting population health principles in their facilities will be coming together to learn the latest information on this topic as well as to share best practices from their facilities. This will be another opportunity to work together to continue to improve the care we provide to our beneficiaries. ■

Medical Care for Civilian Personnel Overseas

contributed by Maj Heidie Rothschild
HQ USAFE Managed Care Officer

US civilian employees, authorized contractors, DoDDS teachers, and their family members stationed overseas may use military medical treatment facilities (MTFs), in Europe only, on a space-available basis. These individuals are responsible for payment for all medical care received in the MTF and may file claims with their civilian health insurer. The availability of primary and specialty care appointments will vary depending on the capabilities of the local military medical support. Civilian dental care may be obtained on the economy, and most military dental facilities can recommend local host-nation dentists.

The Department of Defense sets medical and dental reimbursement rates annually for all inpatient, outpatient and other services provided by the MTFs. Outpatient care fees currently range from $138.00 for a primary care appointment to over $180.00 for internal medicine, neurology, or emergency room care. The appointment fee is all-inclusive, in most cases, of any tests ordered at the time of the appointment, and/or medications prescribed by the provider. Follow-up medical care ***is*** charged as a separate visit, although there are exceptions to this rule (i.e. blood pressure checks, suture removals, and follow-up phone consults, etc.).

TRICARE Service Centers provide assistance and referral information to civilian users of the MHS. When advising a civilian about host-nation medical visits, MTF staff should inform patients that they will likely be asked to pay up front for the care, possibly in local currency.

Overseas DoD employees are authorized aeromedical evacuation on a space available basis for intra-theater movement and to a CONUS medical facility and return. The patient, or patient's insurance company, will be responsible for all associated charges in compliance with AFH 41-114. Charges usually include the cost of in-flight medical care for US Government employees and their family members, and the cost of in-flight medical care and transportation for contractors and their family members.

All civilian employees and their family members should ensure they have current health care insurance, as much of the care received in the MTF can be claimed and reimbursed by a health insurance policy. Civilians should plan ahead and contact their health insurance carrier for specific forms and instructions on filing overseas claims *before* they require any medical care. ■

DEPARTMENT OF DEFENSE

TRICARE Europe Office
UNIT 10310
APO AE 09136

MEMORANDUM FOR COMMANDER, ERMC
FLEET MEDICAL OFFICER, CINCUSNAVEUR
COMMAND SURGEON, USAFE

08 Mar 00

SUBJECT: Application of Access to Care Standards

1. This memorandum provides policy guidance for the delivery of the TRICARE Prime benefit to our active duty beneficiaries overseas. Primary care is an essential element of a successful managed care program in the Military Health System. Guidance from Office of the Assistant Secretary of Defense for Health Affairs, OASD (HA) directs that the TRICARE Prime overseas health benefit will be the same as the TRICARE Prime program offered in the United States. The attachment addresses specific OASD (HA) access policy guidelines on distance and time. The combination of the direct care and host-nation civilian network must meet the TRICARE access standards. The MTF may only exceed these standards at the preference or request of the enrollee.

2. Recently, concerns have been raised on how well the access standards have been applied to our active duty beneficiaries. By guidance from OASD (HA), all TRICARE access standards apply to Active Duty members. This means they cannot be required to travel to a MTF for care if the MTF falls outside of the access standards. While it is acceptable to offer them the option of going to the MTF, they should be made aware that they have the option of seeing a provider within the access standards at no cost to them personally. Exceptions to this would be for military unique circumstances (e.g. fitness-for-duty issues, potential medical evaluation boards).

3. Request you disseminate this information to your subordinate Commands and MTF commanders. The point of contact for this memorandum is LCDR Geralyn Haradon, Director, Customer Support Services, TEO at DSN 496-6320, COMM 0630267-6320, or e-mail: geralyn.haradon@sembach.af.mil.

/Original Signed/
MICHAEL J. KUSSMAN
BG, MC, USA
Lead Agent

Attachment:
Talking paper on Access Standards for TRICARE Prime Enrollees

cc:
ESC members
Service Managed Care POCs

TALKING PAPER
ON
ACCESS STANDARDS FOR ACTIVE DUTY TRICARE PRIME ENROLLEES

Background

- The application of TRICARE Prime access standards for active duty members must be equitable with other TRICARE Prime enrollees
- Recognized incongruence in optimizing Defense Health Program (DHP) resources and referral requirements to meet access standards

References

- Health Affairs Policies - 96-016, 97-067, 97-023, 98-036
- TRICARE Europe Health Services Plan (Aug 98)

Issues/Concerns

- Application of TRICARE Prime Access Standards for Active Duty personnel (travel time, # days)
- Enrollees' "right-to-choose" between local civilian providers and referral MTFs when care is not available within access standards
- Optimization of DHP resources
    - Utilization/loss of specialty providers at referral MTFs
    - Increased TRICARE cost for care referred to civilian community
        - Army/Navy use of line funds for medical care
        - Air Force use of Military Treatment Facility (MTF) funds for medical care
- Fitness for Duty issues

Primary Care Access Standards

- **HA Policy 96-016**
    - Baseline requirements
    - Travel time: 30 minutes from residence to delivery site (exceptions may be made in remote areas)
    - Office wait: 30 minutes in non-emergency situations

Specialty Care Access Standards

- **HA Policy 97-023 Policy for Specialty Care Timeliness**
    - Specialty referral time frame is indicated by the Primary Care Manager, but not later than one month from the date of the request unless the enrollee waives his or her right to this access. This standard also applies to active duty members who are automatically enrolled in TRICARE Prime
- **HA Policy 97-067**
    - Travel time for inpatient and outpatient specialty care for Prime enrollees shall not exceed one hour under normal circumstances, unless a longer time is necessary because of the absence of providers
- **HA Policy 98-036**
    - If the MTF does not have the capability to provide the needed care, or cannot provide the care within the required access standards, the Health Care Finder (HCF) should authorize and assist in obtaining needed care from the TRICARE network of providers

Conclusion

- TRICARE Prime access standards apply to all Prime enrolled beneficiaries including active duty members
    - Exceptions to policy include:
        - Enrollee elects to waive travel and wait times
        - Fitness for Duty determinations

PUBLIC AFFAIRS AND MARKETING

by Sue Christensen
Public Affairs

Status of Marketing Materials

1. TRICARE Europe Passports: Hopefully all facilities have already placed their orders for the new TRICARE passport folders and TRICARE Europe Prime and Prime Remote passports.

   I have heard from a number of TRICARE Service Center Staff who are apparently not aware of the new policy on passports. I am reprinting the following information in hopes that it will get to the folks who need to know.

   a. The new passport system will include the following:

      (1) Small pocket folders (same size and look as the current passports), imprinted with the facility/location name and Service seal.

      (1) TRICARE Europe Passport or TRICARE Europe Prime Remote Passport, which will be inserted into an inside pocket of the folder.

      (1) Cards or sheets with facility-specific information such as phone numbers, services available, etc., also inserted into an inside pocket

   b. Each facility will be responsible for keeping their facility-specific information up to date and ensuring that the passport folders they give out to beneficiaries have the most current passport and facility sheets. They may modify the information as they wish - these are their pages with the local information they feel is important to their beneficiaries. We suggest a staggered effect for these pages, so that the headings will show at a glance.

   c. TRICARE Europe will update the two passports and will continue to print and send them to the TSCs. We will still need to be notified of any TSC phone number changes so that we can update all our fact sheets and other materials that include TSC telephone numbers.

   d. Facilities that have inserted corrections into their facility passports may use up their current stock before ordering the TRICARE Europe passport.

2. TRICARE Europe Magnets: I am planning to place another order of the TRICARE Europe refrigerator magnets. The CONUS PHA toll-free number will be corrected on the new magnets. In the meanwhile, facilities should pen-and-ink change the phone number from its current "1-800-866-7943" to "1-888-866-7943."

3. PHA Materials: The PHA orders from April 99 and October 99 are being printed by a local contractor with expected delivery of approximately 19 May 00. This should complete the marketing orders from 1999.

4. Old Marketing Products: Please make sure that you destroy any old marketing materials when you receive the new, updated versions. I continue to hear that old products are being given to beneficiaries. I recently heard that a facility has been giving out the TRICARE Europe wallet cards, which were last printed in 1997!! Please do not give these outdated products out, unless you plan to white out and correct all the obsolete information.

5. Universal Enrollment Cards: The folks at TMA are planning to debut new, "universal" TRICARE Prime Enrollment cards later this year. See the draft copy of the card on page 2. The cards will be produced by a stateside contractor and sent directly to each beneficiary. Because these cards will not provide the contact information currently available on our own TRICARE Europe Prime ID Cards, we will continue to produce and distribute our cards, which will be renamed "TRICARE Europe Prime Wallet Cards." Does this sound familiar? Well, we will simply be returning to the name these cards were originally given. The format of the wallet cards will also change slightly since some of the information on how to get medical care will be printed on the TMA enrollment cards. We hope to limit any duplication of information in order to continue to produce a product that will be of significant benefit to our enrollees, especially when they are traveling. The TRICARE Service Centers will still be required to provide the TRICARE Europe cards to beneficiaries and will not be involved in the distribution of the TMA Universal Enrollment Cards unless the cards are not deliverable. In that case, the card will be returned to the MTF to determine the current address of the individual. ■

Please feel free to contact me if you have any questions about our marketing or public affairs program. I can be reached at DSN 496-6315 or civ 49-6302-67-6315 or via e-mail at sue.christensen@sembach.af.mil.

Customer Services Update

by Martin Hollingworth
Customer Support Services

Active Duty Service Member Claims

WPS tells us that active duty service member (ADSM) claims that are mailed to the wrong address often get processed incorrectly. The reason for this is that WPS staff, specially trained in ADSM claims, are only at the AD claims section address. If claims are sent to the Family Member Section, they sometimes gets processed as family member claims, which means that certain services could be denied.

The correct address for ADSM Claims is:

TRICARE Europe
WPS - Active Duty Claims
P.O. Box 7968
Madison, WI 53707-7968

Other WPS Addresses

WPS asks that MTFs separate the mail by content and put Active Duty Claims in one envelope and Family Member Claims in another. Likewise, correspondence has yet another address. Here are the other two addresses that you will need:

The address for Family Member Claims is:

TRICARE Europe
WPS-Claims Processing
P.O. Box 8976
Madison WI 53708-8976

The address for regular correspondence is:

TRICARE Europe
WPS- Correspondence
P.O. Box 7992
Madison, Wisconsin 53708-7992

Active Duty Diagnoses

WPS always attempts to provide accurate claims data based upon the information provided with the claim. If claims are submitted with different diagnoses, i.e. the claim form has "pregnancy" but the SF 1034 has "nose-bleeds," sometimes WPS will pick the wrong one. Certainly, the bill should be scrutinized to determine which is the right one, but the easiest (and quickest) way is for the MTFs to ensure that ALL submitted documents contain the SAME diagnosis. That way, excuses cannot be made.

Preferred Provider Network (PPN)

The current Memorandum of Understanding (MOU) for TRICARE Europe's PPN is the September 1999 version. All others are now obsolete. Please make sure that future provider renewals are made on the current version.

If you would like hard copies of the MOU, please contact martin.hollingworth@sembach.af.mil or visit our home page http://webserver.europe.tricare.osd.mil to download your own. ■

Naval Hospital Rota Wins "Customer Satisfaction" Award

contributed by LTJG Eric D. LaCross
USNH Rota SP

U.S. Naval Hospital Rota, Spain was recognized recently at the annual TRICARE Conference with the Customer Service Award for overseas hospitals in health care access and patient satisfaction categories. The tri-Service award competition is hosted by the TRICARE Management Activity (TMA), Washington DC. Military healthcare managers from TMA send surveys directly to hospital customers in order to measure the success of the military healthcare program. Annual award nominations are based on the results of these surveys that the hospitals never see.

Access to care is a major contributor to overall customer satisfaction. To ensure continuity and access to care, each "Prime" enrollee is assigned to a Primary Care Manager (PCM), who oversees the care of the individual patient. This PCM preserves the continuity of care, which allows the patient to see the same provider for most appointments. Additionally, patients can schedule same-day appointments, which replaces the long waiting periods associated with traditional "sick-call" walk-in type visits.

The Commanding Officer at Naval Hospital Rota requires every staff member to go through a customer service class to assure his definition of customer service is their definition of customer service. He also empowers his entire staff to do the right thing for the right reason for the patient. "It has been a great year," said Captain Ron Black, Commanding Officer of the hospital. "It takes both the dedication and cooperation of all of our staff to win these awards," he said.

The TRICARE customer satisfaction award comes just months after the hospital scored a 97 with commendation during the recent Joint Commission for Accreditation of Healthcare Organizations (JCAHO) survey and received no major "hits" on an intensive Bureau of Naval Medicine inspection. ■

TEO Welcomes New Navy Service MCO

In February, LT Bill Prevo took the helm as TRICARE Europe's Navy Managed Care Officer, following his previous assignment as Head of Patient Administration and TRICARE Officer at the U.S. Naval Medical Clinics, United Kingdom.

LT Prevo is in his 25th year of military service, having spent 15 years as a Dental Technician, and has enjoyed a variety of assignments worldwide. He holds two baccalaureate degrees, one in Healthcare Administration from Southern Illinois University, and one in Business Administration from San Diego State University. He also holds a Masters in Healthcare Administration from Baylor University and is a Credentialed Healthcare Executive with the American College of Healthcare Executives, where he serves as the International representative for the United Kingdom.

LT Prevo works from the headquarters of the Commander-in-Chief, U.S. Naval Forces, Europe in downtown London, where he also serves on the staff of the Fleet Medical Officer. In his dual role, he has responsibility for representing the Navy medical facilities throughout Europe on issues affecting TRICARE policy and administration, as well as Navy health care administration throughout the 89 countries under Naval Forces Europe.

When asked what he likes most about his job, LT Prevo says, " It's been the same for the past 24 years – working as a team and helping people has always been what I enjoy most. And this job enables me to do just that. One minute I could be talking with LT Tom Hughes in Sigonella about setting up the PPN at the new NATO base in Larissa, Greece, and the next minute I can be talking with a Marine on Embassy duty in South Africa, or to Kim Jordan, the HBA in Bahrain."

During his off-duty time, LT Prevo enjoys traveling with his wife and two boys, long walks with his dog in the English countryside where he lives, and reading Native American history. Welcome Aboard Bill! ■

Women Infants and Children (WIC)

The special supplemental food program, Women, Infants and Children (WIC), has recently been featured in the media on numerous occasions. It is a program that was first launched in 1972 to give extra food, health-care referral and nutritional information to women and children who meet certain criteria. After years of delay sparked by a funding dispute, The FY 2000 Defense Authorization Bill calls for DOD to provide this benefit for WIC eligible personnel serving in overseas locations. Leadership in Washington D.C. feels "military men and women and their families deserve no less."

Oversight of the WIC Overseas Program has been given to the TRICARE Program Management organization (PMO). TRICARE Europe, along with Latin America and Pacific Regions, have just recently been tasked to join an Integrated Program Team (IPT) to develop a plan and coordinate the implementation of Women, Infants and Children overseas. We are looking at a 12-month time line to map out the requirements for fielding a viable, effective and comprehensive program that will meet the needs of our beneficiaries now and in the future.

The TRICARE Europe Office is excited about the challenge of implementing a program that will improve quality of life for our overseas personnel. ■

Infertility Care under TRICARE

by Uli Engel
Customer Services

TEO receives many inquiries from MTF staff as well as beneficiaries concerning TRICARE coverage for infertility treatment. The major concern is whether TRICARE pays for infertility treatment if a patient exhausts the conventional therapies such as diagnostic services (i.e., lab tests, x-rays, etc.), drug treatment (i.e., hormone supplements), or surgical repair of reproductive organs (i.e., blocked ovaries due to infection) and is referred outside the MTF for any artificial reproductive techniques.

TEO received the following policy clarification from TMA:

> ***TRICARE benefits are not available for services and supplies related to diagnosis and treatment of infertility when artificial insemination, IVF, GIFT or any other reproductive procedures are used to obtain pregnancy.***

For questions, please contact TRICARE Europe Customer Services. ■

"Finger on the Pulse" Tips for Access Management

contributed by Maj. Gene Wall
Health Care Integrator
31st MDG, Aviano AB, Italy

At the 31st MDG, Aviano AB Italy, access to healthcare comes in many different forms. An important part of our strategy of health care delivery is the implementation of a team approach in carrying out the mandate to launch the Primary Care Management concept. Key to that is the fact that the physician visit is only part of the endeavor. Our success in ensuring appropriate access for our beneficiary population is directly attributed to a cohesive team working different processes designed to meet a common goal: access to quality care!

Appointment Types

Appointment management is of paramount importance. At Aviano, we first assessed how many appointment types our primary care clinics had and reduced that number down to the lowest common denominator. The fewer appointment types, the better. For example, Aviano's Family Practice PCM has five basic appointment types: acute, routine, surgical, PHA and Pap – and all members of the team fully understand how to book these appointments.

Population Needs Assessment

In addition, our team conducted a population needs assessment for clinical preventive service appointment types. For instance, we looked at the number of females assigned to a PCM in order to project the number of Pap smear appointments required. We also evaluated our templates for historical trends of appointment type usage over the course of a year. This helped project future requirements and match it with in-house provider capacity, taking into account seasonal periods and specific times of day.

Template Management

Presently, the 31st MDG appointment clerk routinely tracks access for preventive and routine appointment types for all primary care clinics via CHCS. This individual communicates daily with the template managers for the respective clinics to ensure that adjustments in the appointment mix are made when meeting the TRICARE standard for these appointment types is in jeopardy. The template managers use the USAFE Template Analysis Tool as an additional tool to assess access status.

Nurse Triage

Effective demand management can only be realized when the appropriate level of care is provided at the right place and the right time. Nurse triage has made a dramatic impact in the way we do business at Aviano. Our nurse triage is decentralized to the individual clinics. On average, this process helped improve our same day access by 40% and freed up appointments for those who really needed them. In addition, nurses within the PCM have taken on management for chronic diseases like asthma, diabetes and hypertension. This has greatly reduced the workload on our providers. The nurses manage these specific populations with the use of clinical practice guidelines and protocols or goals established for the patients by our provider staff. Patients are referred to a higher level of care based upon the nurse's judgment.

Care Extender Protocols

The deployment of our care extender protocols has been the real jewel in our crown. The care extender protocols are evidence-based clinical practice guidelines adopted for use in the ambulatory care setting. Some involve a series of questions with a minor physical assessment, which allow for certain tests and procedures to be accomplished before a patient visits with the provider. These tools were adopted during the USAFE Phase I PCM Model Project in 1998. They optimized the provider patient encounter time, extending the provider by increasing the roles of the nurses and technicians, hence the name "care extender." The National Heart, Lung and Blood Institute, Joint National Conference VI for the Screening, Diagnosis and Treatment of Hypertension, the American Diabetes Association and the American Medical Association's patient's self-help book were just some of the resources used to implement these protocols.

Medical Right Start Program

Just recently, we deployed a new "Medical Right Start Program" that has been extremely successful in it's first two months of operation. Again, the concept of "team" comes into play. With this approach, we're able to identify the needs of new families and schedule appropriate services within two weeks of arrival. Immunizations, preventive counseling and appointments are provided as needed prior to members reporting to their work place. It's a proactive, "one-stop-shop," approach with a heavy dose of prevention. The program realizes many of the goals and objectives of the Population-based Healthcare Initiative and sets a standard of excellence that we expect to be the norm for the family's healthcare at Aviano. ■

TRICARE Europe Executive Steering Committee

Brig Gen Michael Kussman (Chair) .....Commander, ERMC
Brig Gen Peach Taylor, Jr. .....Command Surgeon, HQ USAFE
CAPT R. Tom Sizemore III.....Fleet Medical Officer, CINCUSNAVEUR
Col Debra Cerha .....Executive Director, TRICARE Europe
Col Russ Kilpatrick .....Command Surgeon, HQ USEUCOM/ECMD
Col Cynthia Terriberry ..... Chair, MTF Commanders Council
CAPT Robert A. Engler .....Chair, Dental Advisory Committee

TRICARE Europe Staff Changes

Departures...

Dawn Mancine left TRICARE Europe for a new position at Landstuhl RMC.

Arrivals...

Sonny Bowen and K.C. Collins arrived to work in the Operational Management Support division as Contracting Officer and Budget Officer respectively.

Daryl Kantor came to work in the Information Systems Division as a Systems Analyst.

Good News...

CDR Cindy DiLorenzo has been selected for promotion to CAPTAIN.

SFC Sherri Mason has been selected for promotion to Master Sergeant. Congratulations to both!

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Christine Ribble	Executive Secretary
SFC Sherry Mason	Superintendent, Admin Services
SPC William Thaxton	Administrative Services
CAPT Maureen Hogan	Deputy Director
COL (Dr) Robert Larsen	Medical Director, Director of Clinical Programs
LTC Analiza Padderatz	Chief, Prevention & Health Promotion
Maureen Sherman	Breast Health Program Coordinator
Lt Col Elizabeth Robison	Chief, Clinical Spt Svcs - UM/QM
LTC John Foley	Director, Operational Mgmt Support
K.C. Collins	Budget Officer, Op Mgmt Support
Sonny Bowen	Contracting Officer, Op Mgmt Spt
LCDR Geri Haradon	Director, Customer Support Services
MSgt Ron Peoples	Deputy Director, Customer Services
Uli Engel	Customer Support Services
Martin Hollingworth	Customer Support Services
CDR Cindy DiLorenzo	Director, Health Plan Evaluation
Ninette Crunkleton	Data Analyst
Jenny Huntsman	Data Analyst
Maj Dave Arose	Director, Info Systems & Analysis
Terry Taylor	LAN Administrator, Info Systems
Kurt Gustafson	Web Administrator, Info Systems
Mark Judson	Data Analyst, Info Systems
Daryl Kantor	Data Analyst, Info Systems
Sue Christensen	Director, Public Affairs & Marketing
Dr George Schad	Dental Program Coordinator
Anne Beauchamp	TFMDP/Marketing Assistant

DOD-OIM

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OFFICIAL BUSINESS

ADDRESSEE: Please e-mail address corrections/updates to TRICARE Europe at teo@sembach.af.mil